

Manchester Cancer Equity Engagement Plan 2025-28

- Removing barriers and embedding culturally competent engagement within Manchester's cancer programme.
- Reducing the impact of key cancers on racially minoritised communities, disabled people, LGBT people and people with other protected characteristics linked to known health inequalities.

1. Introduction - Our approach to developing this plan:

Facilitated by the Manchester Integrated Care Partnership, this plan has been co-developed in collaboration with colleagues from the VCFSE sector: Black Beetle Health, Bollyfit, Breakthrough UK, CAHN , Cancer Diaspora, Can-Survive, Europa, Manchester Bangladeshi Women's Organisation, Manchester Deaf Centre, Rainbow Noir, Woman Arise & 10 GM; people with lived experience; representatives from Community Health Equity Manchester; Manchester University NHS Foundation Trust (MFT); Manchester's Patient and Public Advisory Group; Manchester's Cancer Delivery Group; Manchester Local Care Organisation (MLCO); cancer focussed system leads and allied cancer focussed organisations.

We utilised previous analysis of Manchester cancer data and the known inequalities of access, experience and outcome; we reviewed existing community led studies of work to address barriers to engagement and held three co-production workshops with colleagues as listed. The workshops explored issues in more depth, heard examples of successful engagement led by our communities and allowed us to identify a set of principles and

actions which have resulted in the action plan described in section seven of this document. The plan was co-developed from February to April 2025.

It is recognised that this is the start and not the end. This plan describes a set of deliberately focussed actions which aim to reduce inequality of access, experience and outcomes experienced by racially minoritised communities, disabled people and people with other protected characteristics linked to known inequalities, taking an intersectional approach to addressing cancer programme equity gaps.

Our principles and solutions need to be in addition to the universal approaches used to engage communities on cancer signs, symptoms and seeking clinical help. Our action plan must add value & connect with existing cancer engagement work underway in the VCFSE. We will test new approaches, review and learn.

Improving community knowledge to recognise and respond to cancer symptoms and to attend screening appointments, as well as removing systemic barriers are all key to the plan.

This plan describes:-

- The co-production process we undertook

- Our key findings

- The focus of our action plan

- The key barriers our communities face

- The principles required for successful community engagement

- The action plan - broken down into short, medium and long term actions

2. Why do we need a plan?

Some cancers are having a disproportionately negative impact on the health and life expectancy of some groups in our community who are already facing inequality. The biggest known inequalities are linked to race, sex and disability but there is clear insight and evidence that there are inequalities for LGBTQ people, people seeking sanctuary and people living in the areas of highest socio-economic deprivation in our city.

Early diagnosis of cancer is crucial – it leads to improved survival rates, better quality of life and less aggressive treatments.

We know that there are significant and systemic barriers that prevent many in our communities from engaging with current awareness raising campaigns, recognising and responding early to cancer symptoms and attending screening and other cancer appointments.

Many of these barriers are tied in with generally poorer access to and outcomes from health and care services for people living in poverty, racially minoritised communities and for people with protected characteristics linked to known inequalities.

Manchester has lower early diagnosis rates for some cancers than other localities in Greater Manchester, so our approach needs to be different to work for our diverse population.

3. Plan Objectives

We have agreed a deliberate, targeted approach which we will test and evaluate to influence next steps and which will contribute to the delivery of Greater Manchester Early Cancer Diagnosis Strategy and Manchester's Cancer programme.

This plan will :-

- Describe the overall principles of approaching accessible and culturally competent engagement
- Reframe the conversation and support behaviour change so that people in our communities are empowered to get support at the right time
- Support and challenge system providers and commissioners to remove the known barriers to access and early diagnosis in particular.
- Describe influencing actions for wider system change to support improved engagement
- Identify resources, timelines and lead responsibilities for the agreed actions.
- Focus on priority cancers and communities to try and manage the size of the job!

4. Summary of key findings from our co-production

- Trust and developing trust are key to community engagement
- Development of relationships between system 'leads', the VCFSE, community leaders and other partners is critical to successful engagement and not to be underestimated
- There isn't a silver bullet or single solution, strong community engagement will take time, requires multiple methods and approaches that must be decided by the community and those with lived experience
- It may feel 'messy' – the system needs to get comfortable with that

- It will not always be easy to measure impact
- Engagement requires resources, funding and time
- System time, leadership and accountability will be a key resource
- We already have several resources designed to meet the needs of different communities which need to be better shared / made available and used
- The cancer 'landscape' is complex with many stakeholders, strategies and plans - the cumulative impact of these on communities experiencing inequalities is unknown
- There is a time lag on some of the data that is used to measure 'success', so we won't always be able to easily see the impact of our engagement plan, however...
- We need to demonstrate action quickly to build trust
- Systemic barriers created by inconsistent adherence to requirements of the Equality Act and the Public Sector Equality duty e.g. Accessible Information Standard must be challenged
- We need to continue to develop knowledge and understanding within the health system of the barriers our communities are facing to reduce inequality.

5. Focus and approach of the Plan

To support more equitable delivery of the Manchester locality cancer programme and from the analysis of NHS data, the cancer priorities which will be the focus of this plan will be:

- ❖ **Breast cancer,**
- ❖ **Uterine cancer in black women,**
- ❖ **Lung cancer in men**

Our rationale for this decision:-

- Breast and lung cancer are both high volume pathways, both with over 200 new cases each year.
- Black African and Caribbean women are not disproportionately affected in terms of the number of breast cancer cases but are less likely to have an early-stage diagnosis
- Men are not disproportionately affected in terms of the number of lung cancer cases but are less likely to have an early-stage diagnosis
- The largest volume of breast & lung cancer cases is found in White (E/W/S/NI) population

We will stage our actions, working on specific elements of each cancer pathway with specific communities. Work will be prioritised according to the cancer data and correlated with the known barriers and impact on our racially minoritised communities and people with other protected characteristics. This staging of actions will develop as oversight mechanisms for this plan as it matures. Whether we focus the proposed actions under each cancer on a neighbourhood/ Primary Care Network (PCN) or citywide basis, or a mixture, will be subject to resources.

The broad barriers experienced by Manchester communities identified in many previous reports and confirmed through our co-production workshops will be used to effectively target the actions within the plan.

These are :-

- **Information** (inaccessible, not-understandable, lacks images that reflect communities) on signs and symptoms
- **Communications** (in-accessible / not understandable)
- **Mistrust of messages** – need to hear health message from trusted community leaders, trusted health care professionals, friends and family

- Inaccessible messaging** - health literacy can be low – need to learn and re-learn
- **Over reliance by NHS on websites and digital information**
- **Booking systems are inaccessible and hard to navigate** and designed to benefit the system not the user
- **Locations of service delivery inaccessible and locations are sometimes based on provider availability rather than where the services are needed** (transport, poverty, cultural and gender, safety and privacy barriers)
- **General problems with access to GP appointments**
- **Lack of system focus on engaging with young people** – not a priority, information void
- **No home visit offer for those who need a face to face appointment and can't travel**
- **Lack of knowledge and understanding of rights by communities** e.g. Accessible Information Standard and right to have an interpreter
- **Communities & individuals may lack or have limited access to support structures** – especially: Asian women, LGBTQ people, young people and disabled people
- **Stigma** - some cultural norms and beliefs result in fear and the message spreads in communities
- **Engagement with clinicians can be seen as contrary to faith & belief**
- **Discrimination** - in the way services are delivered
- **Engagement in own health can be a low priority alongside other personal/ world/ community events** (e.g.: conflict in Gaza, managing own mental and other physical impairments)
- **Fear of diagnosis and lack of positive stories e.g. outcome of early diagnosis**
- **Personal embarrassment**

6. Our co-developed principles of community engagement

Our co-developed principles of engagement are central to the delivery of our equity engagement plan. All the actions in this plan will be implemented within these principles:

- We will work hard to create the conditions to develop a trusting and trusted environment for engagement and service delivery
- We will create safe, non-judgmental spaces to work together
- The plan will be delivered through a genuine partnership approach and the development of strong relationships between system leaders and communities and their trusted leaders
- To succeed, partnership with our community requires an investment of time and resources
- Time will be spent understanding each other's capacity and resources and respect each other's time and contribution
- We will openly share our challenges, information and listen to each other
- Lived experience will be at the heart of the plan
- We will be transparent, openly agree our actions and operate on a test and learn and feedback approach
- We will be accountable to each other for our actions
- We will build on what we know and what we learn

Core to our plan will be to consider carefully the: **Message, Messenger & Motivation.**

Our co-production has identified that for successful and barrier free engagement our approach across all three years, will be to: provide **messages** to the community whose **trusted messengers** will then share these using accessible and culturally competent approaches to have the best possible impact on **motivation**.

This is reflected in our action plan as follows:

7. Key Actions:

Action	Lead
<p>Across the life of the plan Years 1 – 3</p> <p>Message, Messenger & Motivation projects</p>	
<p>Develop a core suite of cancer health ‘messages’ & symptom checklists for identified priority cancers.</p> <p>Share ‘messages’ & symptom checklists with key trusted community messengers (organisations, community leaders, engagement forums etc) to enable them to develop accessible / culturally competent messages & approaches.</p> <p>To prioritise and plan future community engagement actions and activities by understanding our hot spots / priority cancer action area(s) in the city and combine with the lived experience of racially minoritised communities and people with other protected characteristics linked to known inequalities.</p> <p>Evaluate and learn from the actions & activities.</p>	

<p>Year 1 June 2025 – June 2026</p> <p>Developing strong foundations delivery and evaluation mechanisms</p>	
<p>Quick Wins months 1-6</p>	
<p>1.1 Within 2 months of publishing the plan, develop Cancer Equity Manchester (CEM) which will provide a mechanism for ongoing co-development, co-management and co-ordination of the Manchester Cancer Equity Engagement Action Plan.</p> <p>CEM will :-</p> <ul style="list-style-type: none"> - Identify current Manchester ‘equality’ engagement groups/ forums to extend the reach and impact of the plan, involve specific minoritised communities e.g. the Deaf community, socialise the plan and identify other members for CEM. - Identify key system & community leaders and influencers for the priority cancer types - Co-develop Message, Messenger & Motivation projects with system leads, manage and oversee their delivery - Co-develop Resource Projects with system leads, manage and oversee their delivery - Identify & connect with existing cancer engagement work underway in the VCFSE to build on success, add value and avoid duplication 	

<ul style="list-style-type: none"> - Co-develop/test a locality mechanism to follow up non-attendees at breast screening appointments manage and oversee their delivery - Create connections with system leads to identify opportunities to progress our priorities - Evaluate Equality Impact Assessments (EIAs) of existing Cancer Strategies and Plans to build a picture and address the cumulative impact of cancer on communities experiencing inequalities by developing an EIA assurance process as oversight for key cancer initiatives such as GM Early Cancer Diagnosis Strategy. We will start with the key areas set out in the Locality Assurance requirements which are relevant to the priority cancers identified in this plan:- <ul style="list-style-type: none"> • Working with PREVENT Breast cancer charity to do public facing engagement. • Working with Answer Cancer to target Primary Care Networks (PCNs) with lowest breast cancer screening • Working with MFT on breast screening locations and comms re next test date due • Lung cancer – continue to work with MFT and Cancer Alliance to promote and secure suitable community locations - Monitor cancer data to understand hot spots / priority cancer action area(s) in the city and given the time lag on data combine with the experience of racially minoritised communities and people with other protected characteristics linked to known inequalities to prioritise actions and activities - Co-develop an oversight and monitoring approach for all actions within this CEP 	
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<p>- Design evaluation approach for the plan - Agree key outcome and impact objectives and identify quantitative and qualitative data and methods to evaluate the impact of the CEP & equity engagement.</p>	
<p>1.2 Embed the Cancer Equity Engagement Plan within the Manchester locality cancer delivery plan by ensuring that there are regular updates on clear and measurable actions/KPIs N.B. As NHS GM goes through structural change, we will need to ensure that there is a clear mechanism to connect the plan at the right place and align with the GM cancer programme</p>	
<p>1.3 Initiate First Message & Messenger & Motivation projects (see row 1)</p>	
<p>1.4 Engage & nurture relationships with community leaders through outreach and involvement, taking time to understand current community pressures – identify how best to ‘motivate’ and demonstrate commitment with positive actions</p>	
<p>1.5 Identify and engage with community leaders beyond the existing network & particularly seek out younger leaders, building on the short-term actions, identify a continued engagement mechanism for this work.</p>	
<p>1.6 Develop training & support mechanisms for community messengers</p> <p>Work with Cancer Alliance and locality Cancer programme leads to develop training and support offer.</p>	

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<p>1.6 Socialise the Manchester Cancer Equity Engagement Action Plan across locality integrated health and care governance to ensure that there is awareness of and support for the plan e.g. Manchester Provider Collaborative Board</p>	
<p>1.7 Target GM, national funding and other resources to support delivery of the plan</p>	
<p>Year 1 Months 6-12</p>	
<p>1.8 Resources Project - to gather existing NHS and other community resources to raise awareness of symptoms and screening programmes and positive impact of screening programmes</p> <p>1.9 To establish how best to share these resources with key community organisations, community leaders, engagement forums</p> <p>1.10 Empower and resource the community to co-develop accessible / culturally competent bespoke engagement assets and approaches</p>	
<p>1.11 Develop/test a locality mechanism to follow up non-attendees at breast screening appointments</p>	

<p>1.12 Empower and resource communities to co-develop accessible / culturally appropriate approaches to understand screening letters and promote attendance</p> <p>1.13 Evaluate and learn from the approach</p>	
<p>1.14 Share an overview of the ‘cancer landscape’ with our community partners</p>	
<p>1.15 Describe who’s who and who’s doing what in Manchester and GM that aligns with our cancer priorities, share with our community partners so that we can maximise our combined contributions to progressing our priorities</p>	
<p>1.16 ‘Map’ other cancer and engagement work in Manchester and consider how best we can work together and add value to each other’s work for maximum impact e.g. MLCO Neighbourhood Teams, Cancer Champions, Primary Care Network (PCN) Cancer screening improvement leads, VCFSE led work</p>	
<p>1.17 Identify resourcing opportunities that arise from the mapping of cancer and engagement work (in 1.14)</p>	
<p>1.18 Develop a programme to ‘socialise’ and raise awareness of the Manchester Cancer Equity Engagement Action Plan within the system and share early learning from community led cancer engagement and test projects from this plan and previous community led engagement</p>	

Year 2 - June 2026 – May 2027	
2.1 To identify and co-develop at least ONE significant system change to test & evaluate e.g. <i>powerful statements to help access appointments with GPs</i>	
2.2 Co-identify further bespoke engagement opportunities to raise awareness of cancer symptoms and screening for our prioritised cancers	
2.3 Connect with new messengers & share accessible and culturally competent messages to reach residents that are not involved with their communities or VCFSE and who are likely to experience barriers: e.g. working with supermarkets, markets, visiting health and social care staff, employers –e.g. HR and staff of large local employers sharing cancer messages, symptoms and resources that have been developed	
2.4 Work with private / business sector in the city to support the delivery of the plan – e.g.: provision of community spaces / meeting rooms	
2.5 Embed evaluation approaches to demonstrate the outcome & impact of the CEP, equity engagement and outcomes from our actions	

2.6 Produce a mid-way impact report and share learning	
Year 3 - June 2027 – May 2028	
3.1 Evaluate universal cancer screening methods, learn from success and consider opportunities to improve accessibility	
3.2 Influence wider system change: GM & national policy	
3.3 Promote patient rights	